

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90056 039 ***150.00

DOCUMENT # F96000002201

1. Corporation Name

WESTCHASE SIL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 525 HURON RIVER DRIVE PO BOX 727 BELLEVILLE MI 48112		Mailing Address 525 HURON RIVER DRIVE PO BOX 727 BELLEVILLE MI 48112	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 05/02/1996		4. FEI Number 38-3287868	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME WARD, ARTHUR STREET ADDRESS 11875 QUIRK ROAD, P.O. BOX 727 CITY-ST-ZIP BELLEVILLE MI 48112		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 525 HURON RIVER DR PO BOX 727 1.4 CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> DELETE NAME LESER, LINDA STREET ADDRESS 11875 QUIRK ROAD, P.O. BOX 727 CITY-ST-ZIP BELLEVILLE MI 48112		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 525 HURON RIVER DR PO BOX 727 2.4 CITY-ST-ZIP	
TITLE DST <input type="checkbox"/> DELETE NAME GUTT, MARGUERITE STREET ADDRESS 11875 QUIRK ROAD, P.O. BOX 727 CITY-ST-ZIP BELLEVILLE MI 48112		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 525 HURON RIVER DR PO BOX 727 3.4 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE NAME JONES, BEVERLY STREET ADDRESS 11875 QUIRK RD., PO BOX 727 CITY-ST-ZIP BELLEVILLE MI		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 525 HURON RIVER DR PO BOX 727 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR WARD PRES. 1-29-99 810 247-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)